

# Unintentional Poisonings: Public Health Response

**Joint Legislative Health Care Oversight Committee**

Dr. Ruth Petersen

**Chronic Disease and Injury Section**

**Division of Public Health**

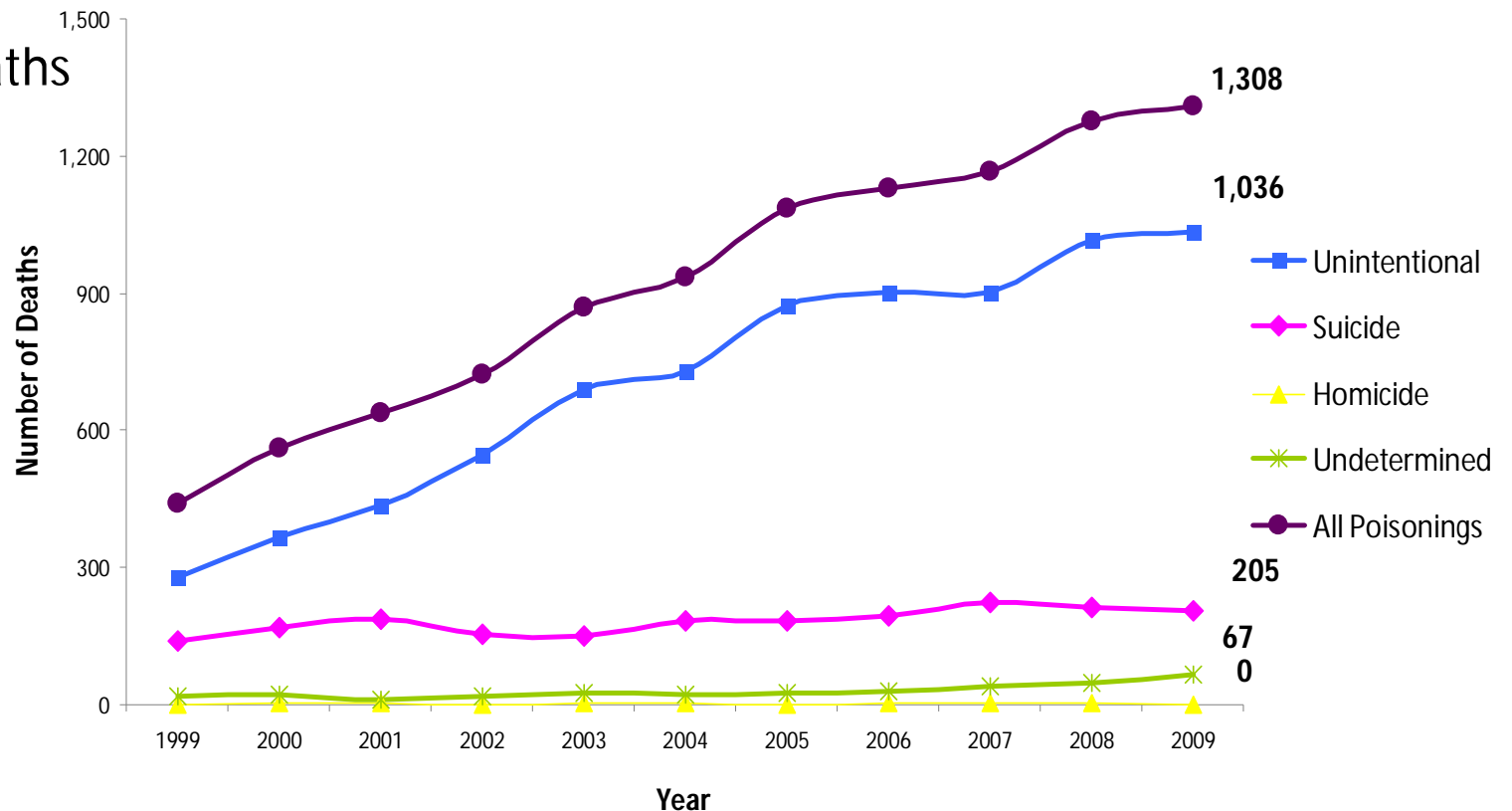
Oct 12, 2010



North Carolina  
Injury & Violence   
 PREVENTION Branch

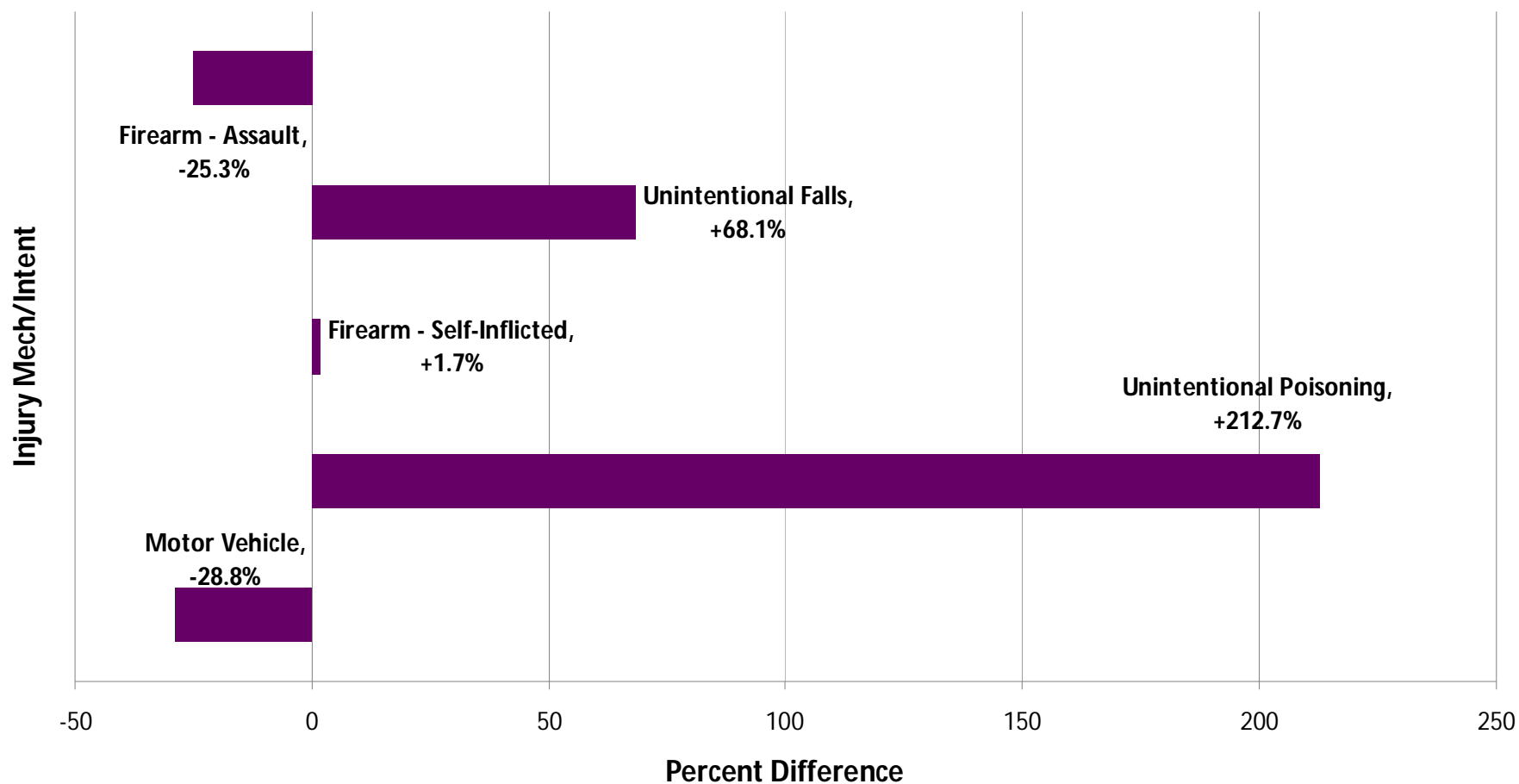
## Poisoning Deaths: N.C., 1999-2009

- In 1999, the number of unintentional poisoning deaths was 279; in 2009, the number of deaths was 1,036.



# Percent Change in Rates Between 1999 and 2009

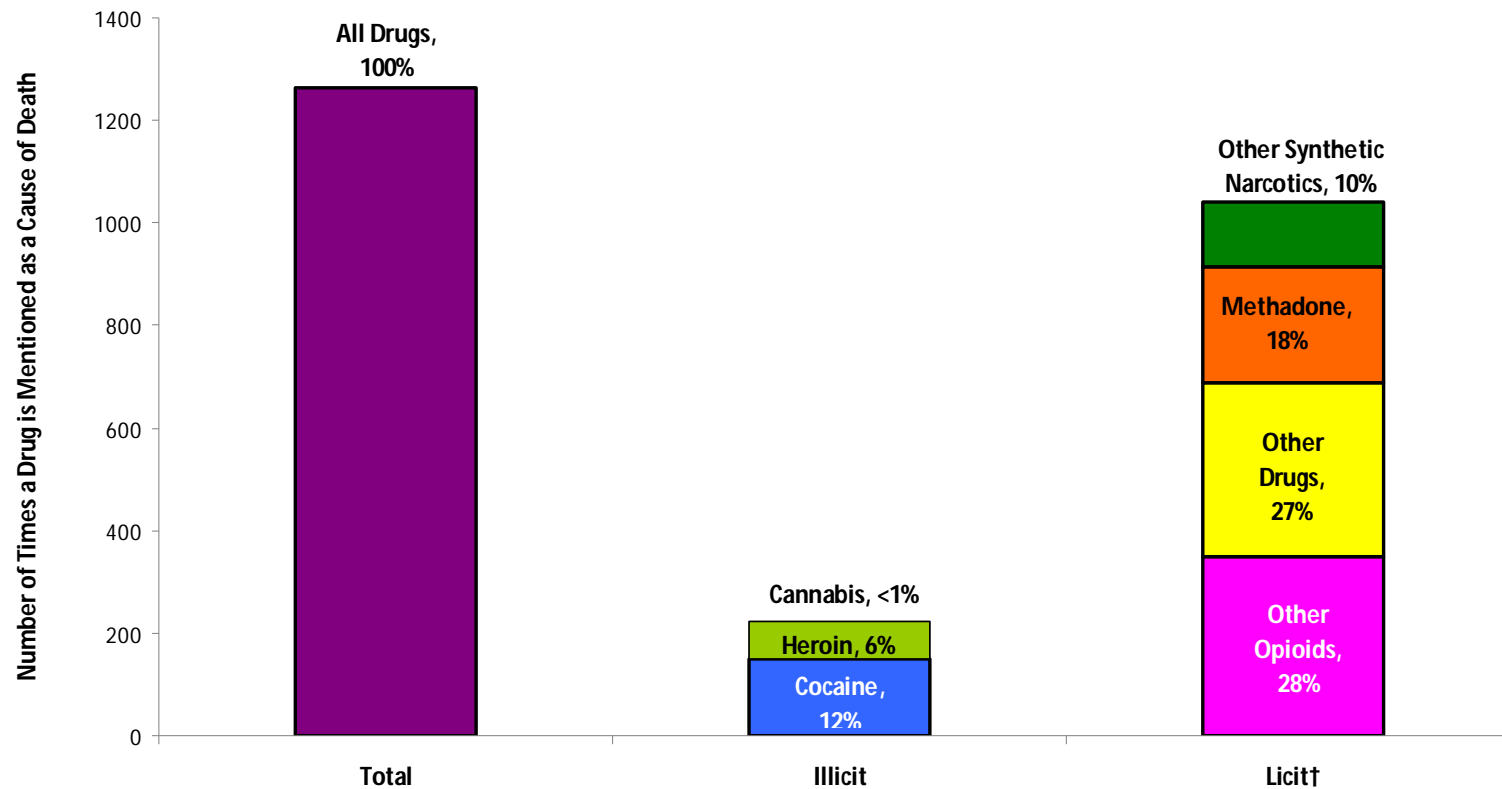
## Leading Causes of Injury Deaths: N.C. 1999 to 2009\*



\*Provisional data.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2009  
Analysis by Injury Epidemiology and Surveillance Unit

# Number of Times in which a Drug was Mentioned as a Cause of Death: N.C., 2009\*



\*Categories are not mutually exclusive

†Includes licit drugs that are misused/abused



## **Historical DPH Response**

- 2000-01: DPH sees increases in unintentional poisoning deaths
- 2002: NC asks CDC for 1<sup>st</sup> Epi-Aid Team to address issue
- 2003-2004: As result of Epi-Aid Team, Joint Task Force convened to make recommendations

# Task Force Report 2004

**Findings and Recommendations  
of the Task Force to Prevent Deaths from  
Unintentional Drug Overdoses  
in North Carolina, 2003**

Submitted to

Carmen Hooker Odom, Secretary, Department of Health and Human Services  
Roy Cooper, Attorney General, Department of Justice  
April 2004



N.C. Department of Health and Human Services  
Division of Public Health  
Injury and Violence Prevention Branch

Groups included:

SBI, DEA, DPH, Substance Abuse,  
Justice, Medical Examiner's Office

43 recommendations:

Leadership, Surveillance, Law  
Enforcement, Legislative, Education,  
Clinical Interventions

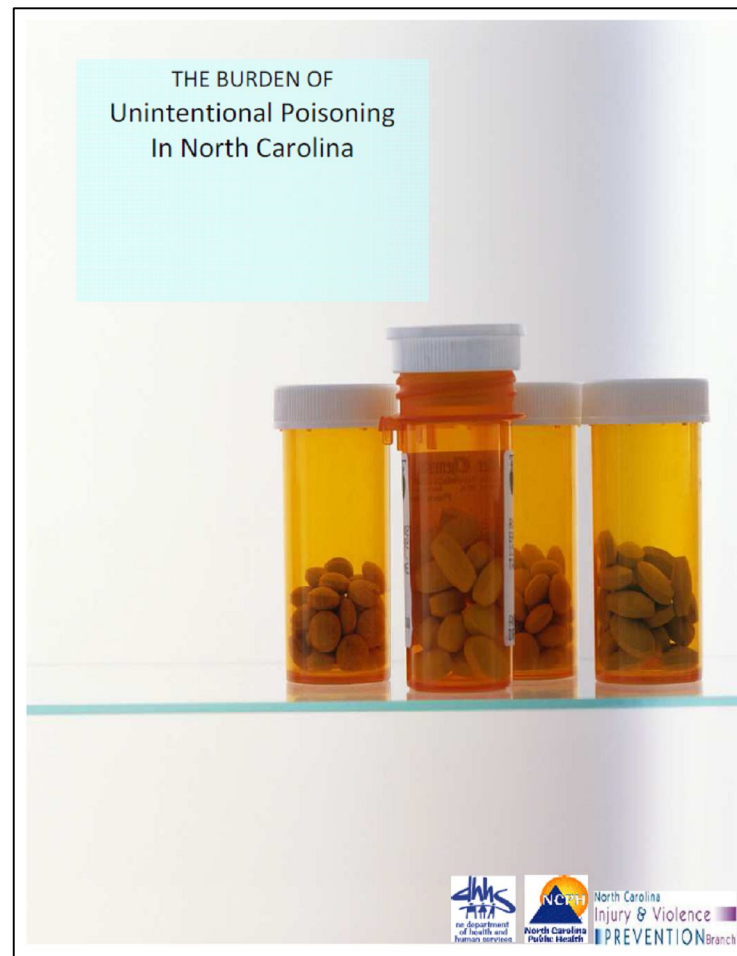
**Controlled Substance Reporting  
System (CSRS)- NC PMP**



## **Ongoing Efforts Since 2005**

- 3 County study to assess circumstances around deaths
  - Data from CSRS, law enforcement, VR, ME
  - Wilkes, New Hanover, Durham
- NC Detect and ED data
- Community/County- Promising Projects
- Continued NC evaluation (Burden document)

# Burden of Poisoning Report (2009)



[www.injuryfreenc.ncdhhs.gov/DataSurveillance/PoisoningBurden.pdf](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/PoisoningBurden.pdf)



# State Response Since 2005

- Narcotics Task Force (Medicaid)
- CSRS (July 2007)
- Statewide Strategic Plan- Injury/Violence Prevention
  - Poisoning is top priority
- SBI
  - Dedicated staff unit
- Medical Examiner's Office
- Governor's Institute on Alcohol and Substance Abuse
- Carolina Poison Center
  - Informs public on hazards of prescription medications
- SafeKids NC
  - Medication Drop Off with 1.4 million morphine equivalent doses
- NC IOM Healthy NC plan



## **Future Work to Address Issue**

- Increase DPH surveillance activities
- Provide overall coordination between all on-going efforts with leadership commitment and clarification of roles and responsibilities
- Identify funding opportunities for evaluating pilot project effectiveness and spreading interventions that work

# Promising Projects



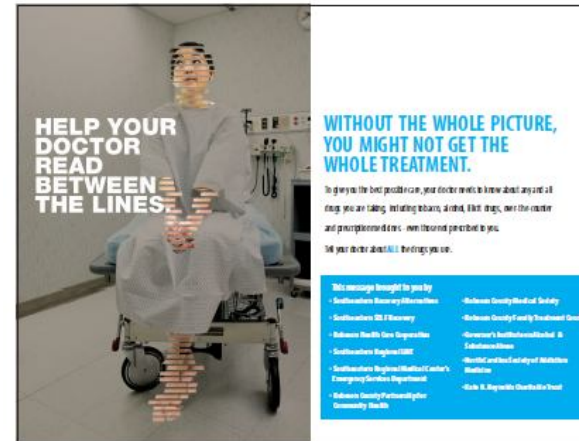
- Safer Opioid Prescribing Initiative (2008); funding from Governor's Institute (GI), Division of MHDDSAS, KBR
- Over 20 regional educational events (focus on Eastern Counties) for prescribers of controlled substance (on-going since 2009)
- Emphasis on CCNC Networks and FQHC
- Local resources identified, TA and clinical tools provided to practices, with patient handouts; instruction about safe patient storage and disposal

## Billboards

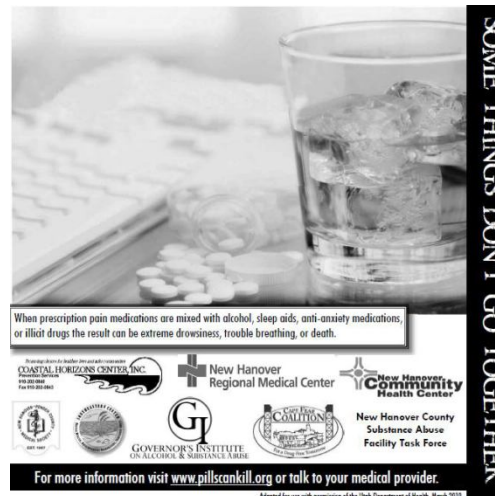
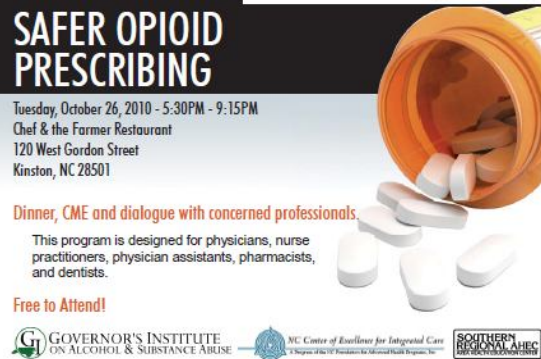
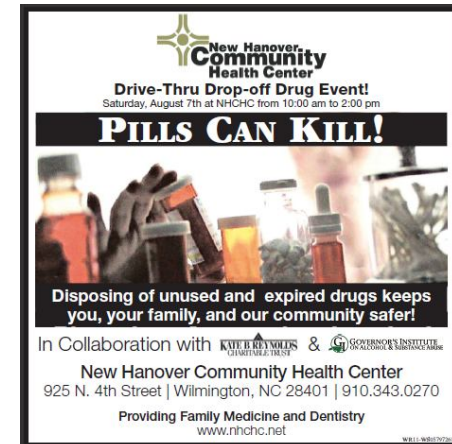
## Trainings



## Newspaper Ads



## Drug Turn In Events



## Community Collaboration

# Promising Projects

- Other initiatives to integrate substance abuse identification and treatment in primary care:
  - Center of Excellence for Integrated Care-3 year funding from HWTF and DMA
  - CCNC expanding Safer Opioid Prescribing Initiative
  - KBR awarded 16 grants to governmental and nonprofit organizations in NC to integrate substance abuse into primary care medical homes



# Project Lazarus

- Innovative community intervention focused on avoiding and responding to opioid overdose; includes provision of naloxone (opioid overdose antidote)
- Wilkes County has taken the lead, but effort across NC, the Cherokee Reservation, and Fort Bragg
- Training for
  - medical providers (identifying at-risk patients, naloxone),
  - patients and their family or peers (plan, recognize and respond to overdose) including a free overdose rescue kit

# Lessons Shared Between States

- NC Task Force is a model
- Ohio Prescription Drug Abuse Task Force
  - \$500K social marketing campaign, links to policy and providers
- Washington-
  - “Take as Directed” campaign and stronger provider guidelines
- NM- Good Samaritan law
  - Immunity to those needing medical assistance for illegal use
- KY-
  - Interstate data sharing from prescription monitoring system
- WV-
  - Evaluation of connections between misuse, abuse and diversion
- Maine-
  - Safe Medication Disposal

# Moving Forward

Enhancements to CSRS can increase value to agencies across the state

- Photo ID requirement
- Allow Physician-Designee Accounts for clinical practices
- Change penalty for misuse of data
- Require all physicians dispensing drugs to report to CSRS
- Adopt interstate data sharing agreement





# Moving Forward

- Supporting licensing and training of Pain Clinics who dispense controlled substances
- Support requirement to create prescribing guidelines for controlled substances
- Support 'Good Samaritan' law offering limited liability for medical emergency reporting and use of naloxone

# Deaths from Unintentional Poisonings are Only the Tip of the Iceberg



\* 2009 death file, 2008 hospitalization discharge and 2009 NC DETECT (Emergency Department visits)